



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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Health Director

ESTABLISHMENT PERMIT APPLICATION

Application for: **New Facility** **Renewal** **Update Information**
 Change of Ownership (Estimated Date of Settlement _____)
(Previous Facility Name: _____)

Permit for: **Food Establishment - # of Seats** _____ **Seasonal Pool/Spa** **Year-Round Pool/Spa**
 Mobile Food Establishment **Other** _____

FACILITY INFORMATION

Facility Name (Trading as): _____

Physical Address: _____

Onsite Telephone #: _____ Fax #: _____ Email: _____

Mailing Address for Correspondence (if different from facility address): _____

Billing Address for Permit Renewal (if different from facility address): _____

OPERATION INFORMATION

Months of Operation: **All** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Hours of Operation:

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
Open							
Close							

MANAGER/CONTACT INFORMATION

Contact Person Name: _____ Position: _____

Telephone #: _____ Cell #: _____ Email: _____

Do you wish to opt out of Email communication? *This may include Newsletters, Legislation Changes, Etc.* Yes

FACILITY OWNER INFORMATION

Legal Owner type: Association Corporation LLC Individual Partnership Other _____

Association, Corporation, Partnership Name: _____

[Virginia State Corporation ID#](#): _____ FIN: _____

Legal Owner Name: _____ Legal Owner Phone #: _____

Legal Owner Mailing Address: _____

Corporations, limited liability corporations (LLCs), and other entities must register with the [VA State Corporation Commission](#) to do business in the State of Virginia. Contact the SCC's office (in state-toll free 1.866.722.2551 or 1.804.371.9733) for information about this, state corporation ID #, or Registered Agent requirements.

I/We attest to the accuracy of the information provided, agree to comply with applicable city and state ordinances and regulations and will allow the regulatory authority access to the facility during any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Date: _____

Applicant's Name (printed): _____

APPLICATION AND/OR PERMIT FEES ARE **NON-REFUNDABLE**



Return this completed application, fees, and a copy of your business license (or application) to the address listed above.

OFFICE USE ONLY

PAGE 2 TO BE COMPLETED BY HEALTH DEPARTMENT

FACILITY DATA

Tax Map: _____ VENIS Physical Location Name (if different from Facility): _____

Date Closed in Plan Review Database: _____ Closed by: _____

Permit Conditions: _____

Permit Application Date: _____ Permit Fee Paid Date: _____

Recommended for Permit by: _____ Date: _____

Supervisor Approval: _____ Date: _____

Date File Created in VENIS: _____ Permit Issue Date: _____ Initials: _____

FOOD FACILITY DATE

Smoke Free: Yes No (If no, submit smoking survey with application.)

FPM Type Required: Standard Exemption

Facility Operation: Year Round Seasonal

Facility Sub-Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Care Home | <input type="checkbox"/> Jail | <input type="checkbox"/> Other Food Service |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mobile Food Vendor | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Carry-Out Only | VIN #: _____ | <input type="checkbox"/> Convenience Store (LOCAL) |
| <input type="checkbox"/> Caterer | License Plate Tag: _____ | <input type="checkbox"/> Grocery Store – Bakery |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Grocery Store – Deli |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Private College | <input type="checkbox"/> Grocery Store – Grocery |
| <input type="checkbox"/> Dept. of Juvenile Justice Food Service | <input type="checkbox"/> Private Elementary School | <input type="checkbox"/> Grocery Store – Meat & Poultry |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Private Middle or High School | <input type="checkbox"/> Grocery Store – Seafood |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Public Elementary School | <input type="checkbox"/> Vending Machine |
| <input type="checkbox"/> Group Home (STATE) | <input type="checkbox"/> Public Middle or High School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> State College | |
| <input type="checkbox"/> Hotel Continental Breakfast | <input type="checkbox"/> State Institution | |

Modified VENIS Priority Assessment Tool

Risk Category : 1 2 3 4

New Facility Adjustment: Yes No

Water Supply: Public – Virginia American Water Company Public – Washington Aqueduct Division Other _____

Sewage: Public – Alexandria Sewage Plant Other _____